

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90058 043 ***150.00

10495184 AV

DOCUMENT # H73576

1. Entity Name
AMERI-LANTIC FINANCIAL RESOURCES AND CONSULTING GROUP INC.

Principal Place of Business PMB 270 568 NINTH ST SOUTH NAPLES FL 34102 US	Mailing Address PMB 270 568 NINTH ST SOUTH NAPLES FL 34102 US
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2. Principal Place of Business P.M.B. #270 Suite, Apt. #, etc. 568 NINTH ST SOUTH	3. Mailing Address P.M.B. #270 Suite, Apt. #, etc. 568 NINTH STREET SOUTH
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DO NOT WRITE IN THIS SPACE

City & State NAPLES, FLORIDA 34102	City & State NAPLES, FLORIDA 34102	4. FEI Number 59-2731146	Applied For <input type="checkbox"/> Not Applicable
Zip 34102	Country COLLIER	Zip 34102	Country COLLIER

6. Name and Address of Current Registered Agent LISA, RALPH 732 WIDSHIRE LANE NAPLES FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LISA, RALPH		NAME	
STREET ADDRESS 732 WOODSHIRE LANE		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34105		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **DATE REQUIRED:** **3/14/2002** Date _____ Daytime Phone # _____

CR2E034 (9/01)

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